

Attorney Docket No.: 01CON279P

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of:

Art Unit: 2827

Megahed, et al.

Examiner: Chambliss, Alonso

Serial No.: 10/016,309

Filed: November 2, 2001

For: An Off-Chip Inductor

OFFICIAL**AMNENDMENT AND RESPONSE TO NON-FINAL OFFICE ACTION**

Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the Non-Final Office Action dated January 15, 2004 in the above-referenced patent application. Please enter and consider the following amendments and remarks.



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26522 La Alameda Avenue, Suite 360
Mission Viejo, California 92691
tel: (949) 282-1000
fax: (949) 282-1002

FACSIMILE TRANSMISSION COVER SHEET

Date: May 17, 2004

To: United States Patent and Trademark Office
Examiner Chambliss, Alonso, Art Unit 2827

Fax: (703) 872-9306

Re: Application Serial No.: 10/016,309
Filing Date: 11/2/2001; Inventor(s): Megahed, et al.
Attorney Docket No.: 01CON279P

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 18

Message:

Enclosed please find the Amendment and Response to the Office Action dated January 15, 2004. Payment for the First Month Extension Fee in the amount of \$110.00 is hereby enclosed on Form PTO-2038.

Thank you.

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Attorney Docket No.: 01CON279P

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Megahed, et al.SERIAL NO.: 10/016,309 FILED: November 2, 2001FOR: An Off-Chip InductorHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

No additional fee is required.

The fee has been calculated as shown below:

 EXTENSION FEE

	RATE Non-Small Entity	RATE Small Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$ 110.00
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

 TOTAL EXTENSION FEE \$ 110.00 FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	15	MINUS **20	* = 0	x 18	x 9	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 86	x 43	\$

First presentation of multiple dependent claim

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

05/19/2004 MGE BREM1 00000142 10016309

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Attorney Docket No.: 01CON279P

Total fee for Supplemental Information Disclosure Statement \$

Enclosed is the total fee of \$ 110.00 (Payment by Credit Card, Form PTO-2038 Enclosed).

Please charge Deposit Account No. 50-0731 in the amount of \$

The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 5/17/04By: Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Date 5/17/04Signature Lori Lapidario

Name of Person Performing Facsimile Transmission

Michael Farjami, Esq.
Farjami & Farjami LLP
26522 La Alameda Ave., Suite 360
Mission Viejo, CA 92618
Telephone: (949) 282-1000
Facsimile: (949) 282-1002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

Date _____

Signature _____

Typed or Printed Name of Person Mailing Paper and/or Fee